



**HEALTH CARE PROGRAM FOR CHILD CARE CENTERS
SUGGESTED FIRST AID DIRECTIVES**

State Form 45877 (R2 / 7-00) / BCD 0054

CHILDCARE HEALTH SECTION
BUREAU OF CHILD CARE
DIVISION OF FAMILY RESOURCES

CHOKING

(Conscious Ages 1 and above) - Stand or kneel behind child with your arms around his waist and make a fist. Place thumb side of fist in the middle of abdomen just above the navel. With moderate pressure, use your other hand to press fist into child's abdomen with five (5) quick, upward thrust. Keep your elbows out and away from child. Repeat thrusts until obstruction is cleared or child begins to cough or becomes unconscious.

(Unconscious) – Contact 911 and/or emergency services immediately and Begin CPR

(Conscious Infants) – Have someone call 911 or if you are alone, call 911 as soon as possible - Support infant's head and neck. Turn infant face down on your forearm. Lower your forearm onto your thigh. Give five (5) back blows forcefully between infant's shoulder blades with heel of hand. Turn infant onto back. Place middle and index fingers on breastbone between nipple line and end of breastbone. Quickly give at least five (5) chest thrusts by compressing the breastbone one-half to one inch with each thrust. Repeat back blows and chest thrusts until object is coughed up, infant starts to cry, cough, and breathe, or medical personnel arrives and takes over.

(Unconscious Infants) - Contact 911 and/or emergency services immediately and Begin CPR

POISONING

Call Poison Control Center (1-800-222-1222) immediately! Have the poison container handy for reference when talking to the center. Do not induce vomiting or give anything by mouth. Check the child's airway, breathing and circulation.

HEMORRHAGING

Use a protective barrier between you and the child (gloves). Then, with a clean pad, apply firm continuous pressure to the bleeding site. Do not move or change pads, but you may place additional pads on top of the original one. If bleeding persists, call the doctor or ambulance. Open wounds may require a tetanus shot.

SEIZURE

Clear the area around the child of hard or sharp objects. Loosen tight clothing around the neck. Do not restrain the child. Do not force fingers or objects into the child's mouth. After the seizure is over and if the child is not experiencing breathing difficulties, lay him on his side until he regains consciousness or until he can be seen by emergency medical personnel. After the seizure, allow the child to rest. Notify parents immediately. If child is experiencing breathing difficulty, or if seizure is lasting longer than 5 minutes, call an ambulance at once.

ARTIFICIAL RESPIRATION (Rescue Breathing)

Position child on the back; if not breathing, open airway by gently tilting the head back and lifting chin. Look, listen, and feel for breathing. If still not breathing, keep head tilted back and pinch nose shut. Give two regular breaths and then one regular breath every 4 seconds thereafter. Continue for one minute; then look, listen, and feel for the return of breathing. Continue rescue breathing until medical help arrives or breathing resumes.

* If using one-way pulmonary resuscitation device, be sure your mouth and child's mouth are sealed around the device.

(Modification for Proceed as above, but place your mouth over nose and mouth of the infants only) - infant. Give light puffs every 3 seconds.

SHOCK

If skin is cold and clammy, as well as face pale or child has nausea or vomiting, or shallow breathing, call for emergency help. Keep the child lying down. Elevate the feet if there are no leg injuries or pain.



Signature of Consulting Physician

Date signed